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Approved for use through 09/30/2000. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY TRANSMITTAL PTO SB 05, 9/99, (1/1)

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

PC11044ADAM Attorney Docket No. First Named Inventor or Application Identifier Janice A. Brown, et al. METHODS OF DETECTING POLY(ADP-RIBOSE) PLYMERASE ENZYMATIC ACTIVITY Title

(Only for new nonprovisional applications under 37C F R §1.53(b)) Express Mail Label No. EL912062293US										
See MPEP chap	APPLICATION ELEMENTS ofter 600 concerning utility patent application con	ntents.	Assistant Commissioner for Patents  ADDRESS TO:  Box Patent Application  Washington, DC 20231							
1.	Fee Transmittal Form (e.g., PTO/SB/17) mit an original, and a duplicate for fee processing) pecification [Total Pages referred arrangement set forth below) Descriptive title of the Invention Cross References to Related Applicatio Statement Regarding Fed sponsored Reference in Microfiche Appendix Background of the Invention	17 ]	7. Nucleotide and (if applicable, a b	Computer Readable  Paper Copy (identice)  Statement verifying	quence Submission					
4. Oa oa b	Brief Summary of the Invention Brief Description of the Drawings (if filed Detailed Description Claim(s) Abstract of the Disclosure  rawing(s) (35 U.S.C. 11.3)[Total sheets ath or Declaration [Total pages  Newly executed (original or copy) Copy from a prior application (37 C §1.63(d)) (for continuation/divisional with Box 17 C [Note Box 5 below]  i. DELETION OF INVENT Signed statement attached deleting inventor(s) named in the prior application, from the oath or declaration is supplied under the oath or declaration is supplied u	3 ]  3 ]  FR  completed)  OR(S) g ication, 33(b).  4b is checked) which a Box 4b, is ompanying	9. 37 C.F.R (when the statement of the s	§3.73(b) Statement nere is an assignee, Translation Document on Disclosure ent (IDS)/PTO-1449 eary Amendment Receipt Postcard (Note to be specifically item in the Intity Statement of Stat	ent (if applicable)  Copies of IDS Citations  MPEP 503)  Aized)  Tement filed in prior application, us still proper and desired  Cocument(s)					
17. If a CC	ONTINUING APPLICATION, check approp	riate box, and su	FEES, A SMALL ENTITY IF ONE FILED IN A PRIOR Upply the requisite informa	STATEMENT IS REQUIR R APPLICATION IS RELI ation below and in a pi		î.				
Continuation Divisional Continuation-in-part (CIP) of prior application No:/  Prior application information: Examiner Group/Art Unit:										
F	18.	CORRES	PONDENCE ADDR	ESS						
Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)  or  Correspondence address below										
Name	Gregg C. Benson									
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City	Groton	State	СТ	Zip Code	06340					
Country	United States Of America Tele	phone	1-(860)-441-4901	Fax	1-(860)-441-5221					
NAME	(Print/type) Deborah A. Martin		Registration No. (At	tomev/Agent)	44,222					

Signature

FEE TRANSMITTAL						Complete if Known								
						Applicat	Application Number To be assigned							
ł	Patent fees are subject to annual revision on October 1. These are the fees effective October 1,. 2001.							Filing Da	Filing Date			Herewith		
								First Na	First Named Inventor			Janice A. Brown, et al.		
	Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.						Examine	Examiner Name To be assigned						
ı	See 37 C.F.R. §§ 1.27 and 1.28.						Group/A	rt Unit			To be assigned			
	Total Amount of Payment (\$)992.00						Attorney	/ Docket	No.		PC11044ADAM			
	METHOD OF PAYMENT (check one)						FEE CALCULATION (continued)							
	1.   The commissioner is hereby authorized to charge						3. ADDITIONAL FEES							
	Danasit		ndicated fees and credit any			over payments to:		Large E Fee	ntity Fee	Small Fee	Entity			
- 1	Deposit Accoun Number	t 16-	16-1445					Code	(\$)	Code	(\$)	Fee Descriptio	n	Fee Paid
ı.	Deposit Account Name		er Inc.					105	130	205	65	Surcharge – late fee or	oath	
		arge Any	Any Additional		Charge the Issue Fee Set in			127	50	227	25	Surcharge-late provisio cover sheet	nal filing fee or	
		Fee Required Under 37 C.F.R. § 1.1.8 at the Mailing F.R. §§ 1.1.6 and 1.17, of the Notice of Allowance.					139	130	139	130	Non-English specification	on		
	0.1 1.1. 33 1. 1.0 and 1. 11.				of the Notice of Allowance.			147	2,520	147	2,520	For filing a request for re	eexamination	
	2. 🔲	Payment Enclosed:				· · · · · · · · · · · · · · · · · · ·	112	920*	112	920*	Requesting publication e	of SIR prior to		
		Chec	k [	] Money		Other		113	1,840*	113	1,840*	Requesting publication of Examiner action		
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	i. BASI	C FILING	FEE					116	400	216	200	Extension for reply withi month		
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Ħ	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Descr	ption	Fee Paid	118	1,440	218	720	Extension for reply withi	n tourth month	
	101	740	201	370	Utility filing	fee [	740.00	128	1,960	228	980	Extension for reply within	n fifth month	
	106	330	206	165	Design film	g fee [		119	320	219	160	Notice of Appeal		
	107	510	207	255	Plant filing	fee [		120	320	220	160	Filing a brief in support of	of an appeal	
	108	740	208	370	Reissue fili	ng fee [		121	280	221	140	Request for oral hearing		
	114	160	214	80	Provisional	filing fee		138	1,510	138		Petition to institute a pub proceeding	olic use	
L	SUBTOTAL (1) (\$) 740.00						140	110	240	55	Petition to revive - unavoidable			
F	. EXTR	RA CLAIN	FEES					141	1,280	241	640	Petition to revive - uninte	entional	
					Extra Claims	Fee from below	Fee Paid	142	1,280	242	640	Utility issue fee (or reiss	ue)	
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. 1		Dependent					=	122	130	122	130	Petitions to the Commiss	sioner	
	** or number previously paid, if greater; For Reissues, see below  Large Entity Small Entity				123	50	123		Petitions related to provisional applications					
	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Descr	iption		126	180	126		Submission of Information	on Disclosure	
	103	18	203		Claims in ex	cess of 20		581	40	581	40	Recording each patent a property (times number		
1	102	84	202	42	Independen	t claims in ex	cess of 3	146	740	246	370	Filing a submission after (37 CFR 1.129(a))	final rejection	
3	104	280 204 140 Multiple dependent claim, if not paid		149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))						
	109 84 209 42 **Reissue independent claims over original patent				Other Fee	(specify)								
	110 18 210 9 **Reissue claims in excess of 20 and over original patent				Other Fee	Other Fee (specify)								
Ĺ	SUBTOTAL (2) (\$) 252.00							*Reduced	*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$) 0		
	SUBMITTED BY											Complete (if Applicable)		
	Type or Printed Name Delforan A. Martin Signature					Date	<del></del>			Reg. Number Deposit Account	44,222 16-1445			
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